

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



December 1, 2000

ALL-COUNTY INFORMATION NOTICE NO. I-119-00

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY CAPI PROGRAM MANAGERS

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

SUBJECT: JANUARY 2001 COST OF LIVING ADJUSTMENTS (COLA) THAT AFFECT THE CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)

REFERENCE: ACIN No. I-86-99

This All County Information Notice provides the new CAPI Payment Standards, effective January 1, 2001. The attached CAPI payment standards chart details these standards.

As required by Section 18941 of the Welfare and Institutions Code, the CAPI payment standards are based on the Supplemental Security Income/State Supplementary Payment (SSI/SSP) standards, minus \$10.00 for an individual and \$20.00 for a couple. These CAPI increases are a result of a State 2.96 percent cost-of-living adjustment (COLA) for SSI/SSP, effective January 1, 2001.

The separate federal SSI COLA also affects the following values that can impact CAPI eligibility and benefit amounts:

- **PRESUMED MAXIMUM VALUE (PMV) OF IN-KIND SUPPORT AND MAINTENANCE**
 - To compute this value, take 1/3 of the federal SSI amount and add \$20.00. This changes the PMV from \$190.66 to \$196.66 for an individual and from \$276.33 to \$285.33 for a couple.

- ALLOWANCE FOR INELIGIBLE CHILDREN IN DEEMING SITUATIONS
 - To compute this allowance, determine the difference between the federal benefit amount for an individual and couple for SSI. This changes the allowance from \$257.00 to \$266.00.
 - This allowance is entered, when appropriate, on the Income Eligibility Worksheet (SOC 452), line B.2.a, when determining a CAPI benefit amount for a case involving deemed income from an ineligible spouse.
- SPONSOR'S ALLOCATION IN ALIEN DEEMING SITUATIONS
 - This allocation equals the federal SSI rate for an individual. This changes the allocation from \$512.00 to \$530.00.
 - This allowance is entered, when appropriate, on the Sponsor to Alien Deeming Worksheet (SOC 454), line 2, when determining a CAPI benefit amount for a case involving deemed income from a sponsor.

Any questions regarding these adjustments should be directed to your Operations Analyst at (916) 229-4000.

Sincerely,

*Original Signed By
Len Tozier on 12/1/00*

DONNA L. MANDELSTAM
Deputy Director
Disability and Adult Programs Division

Attachment

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

CAPI PAYMENT STANDARDS
EFFECTIVE JANUARY 1, 2001
BASED ON JANUARY 2001 SSI/SSP STANDARDS

ESTIMATES BRANCH
November 2000
November 6, 2000

	INDEPENDENT LIVING		REDUCED NEEDS		NON-MEDICAL OUT-OF-HOME CARE (NMOHC)					
	RESIDING IN OWN HOUSEHOLD		HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD		HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD AND CERTIFIED NMOHC		IN LICENSED FACILITY HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD			
	TOTAL CAPI		TOTAL SSI/SSP	TOTAL CAPI	TOTAL SSI/SSP	TOTAL CAPI	TOTAL SSI/SSP	TOTAL CAPI	TOTAL SSI/SSP	TOTAL SSI/SSP
INDIVIDUAL:										
AGED OR DISABLED - without cooking facilities (RMA) 1/	702.00		712.00	535.00	545.00	689.00	699.00	862.00	872.00	
BLIND	777.00		787.00	N/A	N/A	N/A	N/A	N/A	N/A	
DISABLED MINOR - living with parent(s)	761.00		771.00	607.00	617.00	689.00	699.00	862.00	872.00	
- living with non-parent relative or non-relative guardian	601.00		611.00	423.00	433.00	689.00	699.00	862.00	872.00	
	601.00		611.00	423.00	433.00	689.00	699.00	862.00	872.00	
COUPLE:										
AGED OR DISABLED - per couple	1,245.00	1,255.00	1,265.00	1,016.00	1,026.00	1,417.00	1,427.00	1,724.00	1,734.00	1,744.00
- without cooking facilities (RMA) 1/	1,395.00	1,405.00	1,415.00	N/A	N/A	N/A	N/A	N/A	N/A	
BLIND - per couple	1,446.00	1,456.00	1,466.00	1,218.00	1,228.00	1,417.00	1,427.00	1,724.00	1,734.00	1,744.00
BLIND/AGED OR DISABLED - per couple	1,371.00	1,381.00	1,391.00	1,141.00	1,151.00	1,417.00	1,427.00	1,724.00	1,734.00	1,744.00

TITLE XIX MEDICAL FACILITY

1/ RMA - Restaurant Meals Allowance - \$75 Individual; \$150 Couple

Total CAPI	Individual	Couple
SSI/SSP	\$35	\$70
	45	90